



**Town of Garner Parks, Recreation  
and Cultural Resources  
2013 Independence Day Celebration  
Food Vendor Application**

Group Name: \_\_\_\_\_

Person Representing Group: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (Daytime) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_ Length of Space Requested\*: \_\_\_\_\_

Description of set-up: \_\_\_\_\_

Time Group will set up (No earlier than 1pm): \_\_\_\_\_

\*Space is limited and requested amount may not be available. PRCR staff will contact you if requested space is not available. All spaces have a depth of 40 feet.

Category 1 Items: Entrée Items	Category 2 Items: Other Vendor Food Prepared Onsite	Category 3 Items: Other Commercially Prepared Items	Category 4 Items: Non Food Items

**INDEMNIFICATION:** To the maximum extent allowed by law, the Vendor shall indemnify and save harmless the Town and its officers, officials, agents and employees from and against all claims, judgments, cost, expenses, including reasonable attorney's fees, which arise in any manner from or as a result of performance of this vendor agreement by, or the acts or omissions of, the Vendor or the Vendor's officers, officials, agents or employees. I have read and agree to follow the Vendor Rules and Regulations established by the Town of Garner and the Wake County Health Department.

**I understand and agree to the conditions outlined above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only	
Date Received: _____	___ Approved As Submitted
Determination Letter: Y or N	___ Approved with Modifications    Notified _____
Certificate of Insurance: Y or N	___ Not Approved    Notified _____